## STATE OF NEW YORK

8441--A

## IN SENATE

May 7, 2018

Introduced by Sens. PHILLIPS, HELMING, AKSHAR, LITTLE, MARCHIONE, YOUNG -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to insurance coverage of in vitro fertilization and other fertility preservation treatments

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- Section 1. Paragraph 13 of subsection (i) of section 3216 of the insurance law is amended by adding four new subparagraphs (C), (D), (E) 3 and (F) to read as follows:
- (C) Every policy delivered or issued for delivery in this state that provides coverage for hospital, surgical or medical care shall provide up to fifty thousand dollars coverage for:
  - (i) in vitro fertilization used in the treatment of infertility; and
- (ii) standard fertility preservation services when a necessary medical 9 treatment may directly or indirectly cause iatrogenic infertility to a 10 covered person.
- 11 (D) (i) For the purposes of subparagraph (C) of this paragraph, "infertility" means a condition or disease characterized by the incapac-12 13 ity to impregnate another person or to conceive, as diagnosed or deter-14 mined (I) by a physician licensed to practice medicine in this state, or
- 15 (II) by the failure to establish a clinical pregnancy after twelve
- 16 months of regular, unprotected sexual intercourse, or after six months 17 of regular, unprotected sexual intercourse in the case of a female twen-
- 18 ty-one to forty-four years of age.

7

8

- 19 (ii) For the purposes of subparagraph (C) of this paragraph, "iatro-20 genic infertility" means an impairment of fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive 22 <u>organs or processes.</u>
- 23 (E) No insurer providing coverage under this paragraph shall discrimi-24 nate based on a covered individual's expected length of life, present or 25 predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, nor based on personal characteristics,

EXPLANATION -- Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD04562-06-8

3

4

5

6

7

8

11

14

15

16

17

18 19

20

21

22

23 24

25

26

28 29

30

31

32

33

34 35

36

37

38

39 40

41

42

43

44

including age, sex, sexual orientation, marital status or gender identi-1 2

- (F) Notwithstanding any other provision of this subsection, a religious employer may request a contract without coverage for in vitro fertilization used in the treatment of infertility and standard fertility preservation services that are contrary to the religious employer's religious tenets. If so requested, such contract shall be provided without coverage for services.
- 9 (i) For purposes of this subsection, a "religious employer" is an 10 entity for which each of the following is true:
  - (I) The inculcation of religious values is the purpose of the entity.
- (II) The entity primarily employs persons who share the religious 12 13 tenets of the entity.
  - (III) The entity serves primarily persons who share the religious tenets of the entity.
    - (IV) The entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the Internal Revenue Code of 1986, as amended.
  - (ii) Every religious employer that invokes the exemption provided under this subparagraph shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the treatment of infertility and standard fertility preservation services the employer refuses to cover for religious reasons.
  - § 2. Paragraph 6 of subsection (k) of section 3221 of the insurance law is amended by adding four new subparagraphs (E), (F), (G) and (H) to read as follows:
- (E) Every group policy delivered or issued for delivery in this state 27 that provides hospital, surgical or medical coverage shall provide up to fifty thousand dollars of coverage for:
  - (i) in vitro fertilization used in the treatment of infertility; and
  - (ii) standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to a covered person.
  - (F) (i) For the purposes of subparagraph (E) of this paragraph, "infertility" means a condition or disease characterized by the incapacity to impregnate another person or to conceive, as diagnosed or determined (I) by a physician licensed to practice medicine in this state, or (II) by the failure to establish a clinical pregnancy after twelve months of regular, unprotected sexual intercourse, or after six months of regular, unprotected sexual intercourse in the case of a female twenty-one to forty-four years of age.
  - (ii) For the purposes of subparagraph (E) of this paragraph, "iatrogenic infertility" means an impairment of fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.
- 45 (G) No insurer providing coverage under this paragraph shall discrimi-46 nate based on a covered individual's expected length of life, present or 47 predicted disability, degree of medical dependency, perceived quality of 48 life, or other health conditions, nor based on personal characteristics, 49 including age, sex, sexual orientation, marital status or gender identi-50 ty.
- 51 (H) Notwithstanding any other provision of this subsection, a religious employer may request a contract without coverage for in vitro 52 fertilization used in the treatment of infertility and standard fertili-53 ty preservation services that are contrary to the religious employer's 54 religious tenets. If so requested, such contract shall be provided with-55 56 out coverage for services.

3

4

5

8 9

10

13

18

19

20

21

22 23

24 25

26

27

28 29

30 31

32

33

34 35

36 37

38

39

40

41 42

43

44

45

46

47 48

49 50

53

- (i) For purposes of this subsection, a "religious employer" is an 1 2 entity for which each of the following is true:
  - (I) The inculcation of religious values is the purpose of the entity.
  - (II) The entity primarily employs persons who share the religious tenets of the entity.
- 6 (III) The entity serves primarily persons who share the religious 7 tenets of the entity.
  - (IV) The entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the Internal Revenue Code of 1986, as amended.
- (ii) Every religious employer that invokes the exemption provided 11 under this subparagraph shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the treatment of 12 infertility and standard fertility preservation services the employer 14 refuses to cover for religious reasons.
- § 3. Subsection (s) of section 4303 of the insurance law, as amended 15 16 by section 2 of part F of chapter 82 of the laws of 2002, is amended by adding four new paragraphs 5, 6, 7 and 8 to read as follows: 17
  - (5) Every contract issued by a medical expense indemnity corporation, hospital service corporation or health service corporation for delivery in this state that provides hospital, surgical or medical coverage shall provide up to fifty thousand dollars of coverage for:
    - (A) in vitro fertilization used in the treatment of infertility; and
  - (B) standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to a covered person.
  - (6) (A) For the purposes of paragraph five of this subsection, "infertility" means a condition or disease characterized by the incapacity to impregnate another person or to conceive, as diagnosed or determined (i) by a physician licensed to practice medicine in this state, or (ii) by the failure to establish a clinical pregnancy after twelve months of regular, unprotected sexual intercourse, or after six months of regular, unprotected sexual intercourse in the case of a female twenty-one to forty-four years of age.
  - (B) For the purposes of paragraph five of this subsection, "iatrogenic infertility means an impairment of fertility by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.
  - (7) No medical expense indemnity corporation, hospital service corporation or health service corporation providing coverage under this subsection shall discriminate based on a covered individual's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, nor based on personal characteristics, including age, sex, sexual orientation, marital status or gender identity.
  - (8) Notwithstanding any other provision of this subsection, a religious employer may request a contract without coverage for in vitro fertilization used in the treatment of infertility and standard fertility preservation services that are contrary to the religious employer's religious tenets. If so requested, such contract shall be provided without coverage for services.
- (A) For purposes of this subsection, a "religious employer" is an 51 52 entity for which each of the following is true:
  - (i) The inculcation of religious values is the purpose of the entity.
- 54 (ii) The entity primarily employs persons who share the religious 55 <u>tenets of the entity.</u>

1

2

3 4

5

6

7

9

10 11

12 13

14

15

16

17 18 19

20

21

22

23

24 25

26

27

28

29 30

31 32

33

34 35

36

37

38

39

40 41

42

43

44

45

46

47

48

49 50

51

(iii) The entity serves primarily persons who share the religious tenets of the entity.

- (iv) The entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the Internal Revenue Code of 1986, as amended.
- (B) Every religious employer that invokes the exemption provided under this paragraph shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the treatment of infertility and standard fertility preservation services the employer refuses to cover for religious reasons.
- § 4. Subparagraph (C) of paragraph 6 of subsection (k) of section 3221 of the insurance law, as amended by section 1 of part K of chapter 82 of the laws of 2002, is amended to read as follows:
- Coverage of diagnostic and treatment procedures, including prescription drugs, used in the diagnosis and treatment of infertility as required by subparagraphs (A) and (B) of this paragraph shall be provided in accordance with the provisions of this subparagraph.
- (i) [Coverage shall be provided for persons whose ages range from twenty-one through forty-four years, provided that nothing herein shall preclude the provision of coverage to persons whose age is below or above such range.
- (ii) Diagnosis and treatment of infertility shall be prescribed as part of a physician's overall plan of care and consistent with the guidelines for coverage as referenced in this subparagraph.
- [(iii)] (ii) Coverage may be subject to co-payments, coinsurance and deductibles as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy.
- [(iv) Coverage shall be limited to those individuals who have been previously covered under the policy for a period of not less than twelve months, provided that for the purposes of this subparagraph "period of not less than twelve months" shall be determined by calculating such time from either the date the insured was first covered under the existing policy or from the date the insured was first covered by a previously in-force converted policy, whichever is earlier.
- (v) (iii) Coverage shall not be required to include the diagnosis and treatment of infertility in connection with: (I) [in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers; (II) the reversal of elective sterilizations; [(III)] (II) sex change procedures; [(IV)] (III) cloning; or [(V)] (IV) medical or surgical services or procedures that are deemed to be experimental in accordance with clinical guidelines referenced in clause [(vi) of this subparagraph.
- $[\frac{(vi)}{(iv)}]$  The superintendent, in consultation with the commissioner of health, shall promulgate regulations which shall stipulate the guidelines and standards which shall be used in carrying out the provisions of this subparagraph, which shall include:
- (I) [The determination of "infertility" in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine;
- (II) The identification of experimental procedures and treatments not 52 covered for the diagnosis and treatment of infertility determined in 53 accordance with the standards and guidelines established and adopted by 54 the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine;

1

3

7

8

9

10

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29 30

31

32

33

34 35

36

37

38

39

40 41

42

43

44

45

46

47

48 49

50 51

52

53

55

[(III)] (II) The identification of the required training, experience and other standards for health care providers for the provision of procedures and treatments for the diagnosis and treatment of infertility determined in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine; and

[<del>(IV)</del>] (III) The determination of appropriate medical candidates by the treating physician in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and/or the American Society for Reproductive Medicine.

- § 5. Paragraph 3 of subsection (s) of section 4303 of the insurance law, as amended by section 2 of part K of chapter 82 of the laws of 2002, is amended to read as follows:
- Coverage of diagnostic and treatment procedures, including prescription drugs used in the diagnosis and treatment of infertility as required by paragraphs one and two of this subsection shall be provided in accordance with this paragraph.
- (A) Coverage shall be provided for persons whose ages range from twenty-one through forty-four years, provided that nothing herein shall preclude the provision of coverage to persons whose age is below or above such range.
- (B) Diagnosis and treatment of infertility shall be prescribed as part of a physician's overall plan of care and consistent with the guidelines for coverage as referenced in this paragraph.
- (C) Coverage may be subject to co-payments, coinsurance and deductibles as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy.
- [(D) Coverage shall be limited to those individuals who have been previously covered under the policy for a period of not less than twelve months, provided that for the purposes of this paragraph "period of not less than twelve months" shall be determined by calculating such time from either the date the insured was first govered under the existing policy or from the date the insured was first govered by a previously in-force converted policy, whichever is earlier.
- (E) (D) Coverage shall not be required to include the diagnosis and treatment of infertility in connection with: (i) [in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers; (ii) the reversal of elective sterilizations; [(iii)] sex change procedures; [(iv)] (iii) cloning; or [(v)] medical or surgical services or procedures that are deemed to be experimental in accordance with clinical guidelines referenced in subparagraph [(F)] (E) of this paragraph.
- (E) Notwithstanding any other provision of this subsection, a religious employer may request a contract without coverage for in vitro fertilization used in the treatment of infertility and standard fertility preservation services that are contrary to the religious employer's religious tenets. If so requested, such contract shall be provided without coverage for services.
- (i) For purposes of this subsection, a "religious employer" is an entity for which each of the following is true:
  - (I) The inculcation of religious values is the purpose of the entity.
- (II) The entity primarily employs persons who share the religious 54 tenets of the entity.
- (III) The entity serves primarily persons who share the religious 56 <u>tenets of the entity.</u>

3

7

8

9

10

11

12

13

16

17

18 19

20

21

23 24

25 26

27

29

(IV) The entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the Internal Revenue Code of 1986, as amended. (ii) Every religious employer that invokes the exemption provided under this subparagraph shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the treatment of infertility and standard fertility preservation services the employer refuses to cover for religious reasons.

- (F) The superintendent, in consultation with the commissioner of health, shall promulgate regulations which shall stipulate the guidelines and standards which shall be used in carrying out the provisions of this paragraph, which shall include:
- (i) [The determination of "infertility" in accordance with the standards and guidelines established and adopted by the American College of 14 Obstetricians and Gynecologists and the American Society for Reproduc-15 tive Medicine;

(ii) The identification of experimental procedures and treatments not covered for the diagnosis and treatment of infertility determined in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine;

[(iii)] (ii) The identification of the required training, experience 22 and other standards for health care providers for the provision of procedures and treatments for the diagnosis and treatment of infertility determined in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine; and

[(iv)] (iii) The determination of appropriate medical candidates by 28 the treating physician in accordance with the standards and guidelines established and adopted by the American College of Obstetricians and 30 Gynecologists and/or the American Society for Reproductive Medicine.

31 § 6. This act shall take effect January 1, 2020 and shall apply to all 32 policies issued, renewed, altered or modified on or after such date.